

4075

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 232  
Registrar's No. 15 V

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 18 E Garfield  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none; In Community 55 years; In Arizona 65 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. 18 E Garfield; (e) Citizen of foreign country (Yes or No) no  
If Yes, which country \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
3. (a) FULL NAME George A. Mauk (b) If Veteran name war no

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐  
6. (a) Single, married, widowed or divorced married  
6. (b) Name of husband or wife Blanche A Mauk 6. (c) Age of husband or wife, if alive 69 yrs.

7. Birthdate of deceased July 3, 1875  
(Month) (Day) (Year)  
8. AGE: Years 70 Months 6 Days 19 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Salinas, California  
(City, town or county) (State or Country)

10. Usual Occupation U. S. Marshal, ret.

11. Industry or Business \_\_\_\_\_

Father { 12. Name Charles Mauk  
13. Birthplace unk.  
(City, town or county) (State or Country)

Mother { 14. Maiden Name Elizabeth Beaber  
15. Birthplace unk.  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs George A Mauk  
(b) Address 18 E Garfield, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Entombment  
(b) Place Greenwood Mausoleum (c) Date Jan 25 19 46

18. (a) Embalmer's Signature Tyler Hays  
(b) Funeral Director A L Moore & Sons  
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) JAN 26 1946  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 22, 19 46  
TIME (Hour and minute) 1:45 A. M.

21. I hereby certify that I attended the deceased from August 1943  
to Jan. 22, 19 46,  
that I last saw him alive on Jan 21, 19 46,  
and that death occurred on the date and hour stated above.

Immediate cause of death Left Heart Failure  
Pulmonary Edema  
Due to Arteriosclerotic Heart Disease

Due to Arteriosclerosis

Other conditions Wenyon's Infection  
(Include pregnancy within three months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy not done

DURATION

2-3 Days  
See notes

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or Town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D.  
Address 1022 W 13th Date signed 1/24/46